

TRADING PARTNER PROFILE

(The following information is needed to activate your firm as an EDI trading partner with the Office of State Tax Commissioner)

Company Name:

Business Contact: (individual responsible for business strategy, issues, etc.)

Name:

Phone Number:

Fax Number:

Address:

City, State, Zip:

E-Mail Address:

EDI Coordinator: (individual responsible for EDI initial implementation, strategy, issues, etc.)

Name:

Phone Number:

Fax Number:

Address:

City, State, Zip:

E-Mail Address:

EDI Technical Contact: (individual responsible for trading partner setup, mapping, day-to-day operations, etc.)

Name:

Phone Number:

Fax Number:

Address:

City, State, Zip:

E-Mail Address:

ISA Interchange Control Header:

Sender Qualifier/ID - (I05 / I06) : /

Receiver Qualifier/ID - (I07 / I08) : /

GS Functional Group Header:

Sender Application Code - (GS02) :

Receiver Application Code - (GS03) :

EDI Send Schedules:

EDI Receive Schedules:

EDI Value Added Networks (VANS) Used:

Proposed Transaction Set Implementation:

**Document
Number**

**Document
Name**

**Send - S
Receive - R**

**ASC-X12
Version/Release**